Data as of September 25, 2007. Includes all contracts/plans regardless of 2008 approval status. Employer sponsored plans (800 so Note: data are subject to change as contracts are being finalized.

	Company Name	Plan Name	Benefit Type	\$0 Premiu m with Full Low Income Subsidy ?		Annual Drug Deducti ble	Type of Extra Coverage Offered in the Gap	Contrac t ID	Plan ID	Benefi t Type Detail
LA	Aetna Medicare	Aetna Medicare Rx Essentials	Basic	•	\$25.60	\$275	No Gap Coverage	S5810	055	ВА
LA	Aetna Medicare	Aetna Medicare Rx Plus	Enhanced		\$42.30	\$0	No Gap Coverage	S5810	157	EA
LA	Aetna Medicare	Aetna Medicare Rx Premier	Enhanced		\$70.70	\$0	All Generics	S5810	191	EA
LA	Blue Cross & Blue Shield of LA	RxBLUE	Basic		\$36.30	\$200	No Gap Coverage	S5937	001	ВА
LA	CIGNA Medicare Rx	CIGNA Medicare Rx Plan One	Basic	•	\$25.00	\$275	No Gap Coverage	S5617	103	AE
LA	CIGNA Medicare Rx	CIGNA Medicare Rx Plan Two	Enhanced		\$31.60	\$0	No Gap Coverage	S5617	105	EA
LA	CIGNA Medicare Rx	CIGNA Medicare Rx Plan Three	Enhanced		\$55.80	\$0	Some Generics	S5617	191	EA
LA	Coventry AdvantraRx	AdvantraRx Value	Enhanced		\$25.20	\$0	No Gap Coverage	S5670	111	EA
LA	Coventry AdvantraRx	AdvantraRx Premier	Basic		\$40.50	\$0	No Gap Coverage	S5670	112	ВА
LA	Coventry AdvantraRx	AdvantraRx Premier Plus	Enhanced		\$51.00	\$0	All Preferred Generics	S5670	114	EA
LA	EnvisionRx Plus	EnvisionRxPlus Standard	Basic		\$63.00	\$275	No Gap Coverage	S7694	021	DS

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	Company Name	Plan Name	Benefit Type	\$0 Premiu m with Full Low Income Subsidy ?		Annual Drug Deducti ble	Type of Extra Coverage Offered in the Gap	Contrac t ID	Plan ID	Benefi t Type Detail
LA	EnvisionRx Plus	EnvisionRxPlus Gold	Enhanced		\$97.50	\$0	All Preferred Generics	S7694	055	EA
LA	First Health Part D	First Health Part D-Secure	Enhanced		\$18.90	\$175	No Gap Coverage	S5768	103	EA
LA	First Health Part D	First Health Part D-Premier	Basic		\$28.00	\$0	No Gap Coverage	S5768	044	ВА
LA	First Health Part D	First Health Part D-Select	Enhanced		\$48.60	\$0	All Preferred Generics	S5768	068	EA
LA	Health Net	Health Net Orange Option 1	Basic		\$26.80	\$275	No Gap Coverage	S5678	048	ВА
LA	Health Net	Health Net Value Orange Option 2	Enhanced		\$28.40	\$0	No Gap Coverage	S5678	047	EA
LA	HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan-Reg 21	Basic	•	\$21.00	\$275	No Gap Coverage	S5932	020	DS
LA	Humana Insurance Company	Humana PDP Standard S5884-079	Basic	•	\$25.20	\$275	No Gap Coverage	S5884	079	DS
LA	Humana Insurance Company	Humana PDP Enhanced S5884-019	Enhanced		\$28.60	\$0	No Gap Coverage	S5884	019	EA
LA	Humana Insurance Company	Humana PDP Complete S5884-049	Enhanced		\$84.00	\$0	All Preferred Generics	S5884	049	EA
LA	Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Value	Basic	•	\$22.20	\$275	No Gap Coverage	S5660	123	AE

Page 2 of 5

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	Company Name	Plan Name	Benefit Type	\$0 Premiu m with Full Low Income Subsidy ?		Annual Drug Deducti ble	Type of Extra Coverage Offered in the Gap	Contrac t ID	Plan ID	Benefi t Type Detail
LA	Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Choice	Enhanced		\$31.90	\$0	No Gap Coverage	S5660	021	EA
LA	Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Access	Enhanced		\$63.10	\$0	All Generics	S5660	191	EA
LA	MEMBERHEALTH	Community CCRx Basic	Basic	•	\$23.20	\$275	No Gap Coverage	S5803	090	AE
LA	MEMBERHEALTH	Community CCRx Choice	Enhanced		\$43.60	\$0	No Gap Coverage	S5803	158	EA
LA	MEMBERHEALTH	Community CCRx Gold	Enhanced		\$48.10	\$0	All Generics	S5803	238	EA
LA	Pennsylvania Life Insurance Co.	Prescription Pathway Bronze Plan Reg 21	Basic	•	\$23.00	\$275	No Gap Coverage	S5597	086	DS
LA	Pennsylvania Life Insurance Co.	Prescription Pathway Gold Plan Reg 21	Enhanced		\$33.60	\$0	No Gap Coverage	S5597	053	EA
LA	Pennsylvania Life Insurance Co.	Prescription Pathway Platinum Plan Reg 21	Enhanced		\$69.30	\$0	All Generics	S5597	218	EA
LA	RxAmerica	Advantage Star Plan by RxAmerica	Basic	•	\$23.30	\$275	No Gap Coverage	S5644	196	AE
LA	RxAmerica	Advantage Freedom Plan by RxAmerica	Enhanced		\$28.70	\$0	No Gap Coverage	S5644	182	EA
LA	RxAmerica	Advantage Allegiance Plan by RxAmerica	Enhanced		\$42.80	\$0	All Preferred Generics	S5644	306	EA

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	Company Name	Plan Name	Benefit Type	\$0 Premiu m with Full Low Income Subsidy ?		Annual Drug Deducti ble	Type of Extra Coverage Offered in the Gap	Contrac t ID	Plan ID	Benefi t Type Detail
LA	SierraRx	SierraRx Basic	Basic		\$42.30	\$275	No Gap Coverage	S5917	023	DS
LA	SilverScript Insurance Co.	SilverScript	Basic	•	\$14.30	\$275	No Gap Coverage	S5601	042	AE
LA	SilverScript Insurance Co.	SilverScript Plus	Enhanced		\$39.90	\$0	All Generics	S5601	043	EA
LA	SilverScript Insurance Co.	SilverScript Complete	Enhanced		\$48.60	\$0	All Generics	S5601	092	EA
LA	SilverScript Insurance Co.	Sterling Rx	Basic		\$31.90	\$275	No Gap Coverage	S4802	012	ВА
LA	SilverScript Insurance Co.	Sterling Rx Plus	Enhanced		\$81.00	\$100	All Generics	S4802	054	EA
LA	UniCare	MedicareRx Rewards Standard	Basic	•	\$23.00	\$275	No Gap Coverage	S5960	127	DS
LA	UniCare	MedicareRx Rewards Value	Basic		\$27.50	\$0	No Gap Coverage	S5960	021	ВА
LA	United American Insurance Co.	UA Medicare Part D Rx Covg - Silver Plan	Basic		\$36.80	\$140	No Gap Coverage	S5755	059	ВА
LA	United American Insurance Co.	UA Medicare Part D Prescription Drug Cov	Enhanced		\$44.50	\$0	No Gap Coverage	S5755	024	EA
LA	UnitedHealthcare	UnitedHealth Rx Value	Enhanced		\$25.40	\$275	No Gap Coverage	S5820	124	EA

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	Company Name	Plan Name		\$0 Premiu m with Full Low- Income Subsidy ?		ble		Contrac t ID	ID	Benefi t Type Detail
LA	UnitedHealthcare	AARP MedicareRx Saver	Basic		\$27.30	\$275	No Gap Coverage	S5921	331	AE
LA	UnitedHealthcare	AARP MedicareRx Preferred	Basic		\$33.10	\$0	No Gap Coverage	S5820	020	ВА
LA	UnitedHealthcare	UnitedHealth Rx Basic	Basic		\$47.80	\$0	No Gap Coverage	S5921	332	ВА
LA	UnitedHealthcare	AARP MedicareRx Enhanced	Enhanced		\$66.50	\$0	All Preferred Generics	S5921	333	EA
LA	WellCare	WellCare Classic	Basic		\$26.00	\$250	No Gap Coverage	S5967	158	ВА
LA	WellCare	WellCare Signature	Basic		\$29.90	\$0	No Gap Coverage	S5967	055	ВА